

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Meyer	William	G	(808) 524-8000		
MAILING ADDRESS (Street)		:	FAX		
900 Fort Street M	(808) 537-4667				
(City)	(State)	(Zip	(Zip Code)		
Honolulu	Hawaii	96	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Dwyer Schraff Meyer Jossem & Bushnell			(808) 524-8000		
MAILING ADDRESS (Street)			FAX		
900 Fort Street Mall, Suite 1800			(808) 537–4667		
(City)	(State)	(Zip	Code)		
Honolulu	Hawaii	968	13		

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE			
NBC Universal Television Studio			(212)	664-2227		
MAILING ADDRESS (Street)			FAX			
30 Rockefeller Center, Suite 5153E			(212)	664-4406		
(City)	(State)	(Zip	Code)			
New York	New York	101	0112			
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEME	NT	TELEPH	IONE		
Brian O'Leary			(212)	664-2227		
MAILING ADDRESS (Street)			FAX			
30 Rockefeller Center, Suite 5153E			(212)	664-4406		
(City)	(State)	(Zip	ip Code)			
New York	New York	101	10112			

PART III DESCRIPTION (OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	X Science, Technology & Economic Developmen				
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relation International Affairs	s, $ X $ Tourism & Recreation				
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation				
X Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)				
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections					
PART IV CERTIFICATION	N OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
	(Signature of Lebbyist)		(Date)				
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED				
NAME			ER OR PERSON REPRESENTEL				
Brian O'Leary		Vice President					
NAME OF ORGANIZATION (if app		TELEPHONE					
NBC Universal Televi	(212) 664-2227						
MAILING ADDRESS (Street)		FAX					
30 Rockefeller Cente	(212) 664-4406						
(City) (State) (Zip Code)							
New York							
I hereby authorize the	above I named person to eng	age in lobbying activities on be	ehalf of the undersigned.				
2805							
(Signature of Au	uthorizing Officer or Person Represe	ented)	(Date)				
L	/						